



# TRANSMITTAL FORM


(to be used for all correspondence after initial filing)

Complete if Known

Application Number	09/897,465
Filing Date	03 July 2001
First Named Inventor	Baldomero M. OLIVERA
Examiner Name	Douglas I. Wood
Group Art Unit	
Total Number of Pages in This Submission	Attorney Docket Number 2314-236

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers                                | <input checked="" type="checkbox"/> After Allowance Communication to Group                 |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Request for Reconsideration              | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input checked="" type="checkbox"/> Declaration                           | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                              |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                               |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)                              |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | REMARKS:  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Jeffrey L. Ihnen, Reg. No. 28,957				
SIGNATURE		DATE	21 October 2004	DEPOSIT ACCOUNT USER ID 02-2135	XXX